Certification and Adoption Workgroup
Subgroup: Health IT Workforce Development
Draft Transcript
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Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good afternoon everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Certification and Adoption Workgroup, subgroup Health IT Workforce Development. This is a public call and there will be time for public comment at the end. The call is also being transcribed, so please make sure you identify yourself before speaking. I'll now take roll. Scott White.

Scott White – 1199 SEIU United Healthcare Workers East

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Scott. Larry Wolf?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Larry. Nancy Brooks?

Nancy Brooks - U.S. Department of Education's Office of Vocational and Adult Education, Division of Academic and Technical Education (DATE)

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Nancy. Patricia Dombrowski?

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Patricia. Michelle Dougherty? Michelle Fox?

Michelle Fox – U.S. Department of Energy – Chief Strategist, Education and Workforce Development

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Michelle. Samantha Burch Halpert?

Samantha Burch Halpert – Federation of American Hospitals – Vice President, Quality & Health Information Technology

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thank you Samantha. Bill Hersh?

Bill Hersh – Oregon Health and Science University

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Bill. Joe Heyman?

Joe Heyman – Whittier IPA

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Joe. Deborah King?

Sandy Vito – 1199 SEIU Training & Upgrading Fund – Director

Sandy Vito is here for Deborah King.

MacKenzie Robertson – Office of the National Coordinator

Thank you Sandy. Norma Morganti?

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Norma, Ed Salsberg? Gretchen Tegethoff?

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer/CHIME – Board of Trustees, Advocacy Leadership Team Chair

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Gretchen. Steve Waldren? Stuart Werner?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks Stuart. Are there any staff members on the line?

Chitra Mohla – Office of the National Coordinator

This is Chitra Mohla from ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks Chitra.

Mat Kendall – Office of the National Coordinator

This is Mat Kendall from ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks Mat. And are there any other certification and adoption workgroup members on the line? Okay, with that, I will turn the agenda back over to Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I wanted to welcome everybody today. We've got a pretty full agenda. This is mostly going to be an introductory call, so, a little bit of getting to know you and getting to know our charge, and then talking about where we're going to go. So, that's the plan. So why don't we just jump in to the next slide and review the charge and timeline, oh, sorry, sorry. I'm ahead of myself already. Let's do introductions first. Go ahead Chitra.

Chitra Mohla – Office of the National Coordinator

I'll call out the names and can you just give a brief update on your background. Nancy Brooks, from the Department of Education?

Nancy Brooks – Division of Academic and Technical Education (DATE), U.S. Department of Education's Office of Vocational and Adult Education

Good afternoon. This is Nancy Brooks. I work at the US Department of Education in the Office of Vocational and Adult Education. Our office is responsible for administering two major pieces of legislation. The first one is the Adult Education and Literacy and the second program is Perkins Career and Technical Education Act. So, we're here both for adult education and for career and technical education practices.

Chitra Mohla – Office of the National Coordinator

Thank you. Patricia Dombrowski?

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

Yes, hello. I am the Director of the Life Science Informatics Center at Bellevue College in Bellevue, Washington and the Region A Director for the ten northwestern states for the Office of the National Coordinator for Health IT, Community College Consortia to educate healthcare professionals and I'm the principle investigator in a National Science Foundation award to create an entry level certification in Health IT.

Chitra Mohla – Office of the National Coordinator

Thank you. Michelle Dougherty?

Michelle L. Dougherty, RHIA – AHIMA Foundation – Director of Research and Development

Yes, my name is Michelle Dougherty. I'm the Director of Research and Development with the AHIMA Foundation. The AHIMA Foundation oversees our education and workforce development strategy for health information management professionals that work in various roles and settings across the health care sector. We've also supported various grants in workforce training and certification as well.

Chitra Mohla – Office of the National Coordinator

Thank you. Michelle Fox?

Michelle Fox – U.S. Department of Energy – Chief Strategist, Education and Workforce Development

Hi, Michelle Fox from the US Department of Energy and I'm the Chief Strategist for both Education and Workforce Development. We work on a range of the same functions that my colleagues have mentioned, as well as using advanced information technology to help people get to speed and scale quickly. Delighted to be with you.

Chitra Mohla – Office of the National Coordinator

Thank you. Samantha Burch Halpert?

Samantha Burch Halpert – Federation of American Hospitals – Vice President, Quality & HIT

Hi. This is Samantha Halpert and I am the Vice of Quality & Health Information Technology for the Federation of American Hospitals. The Federation represents the investor-owned hospital sector, which covers about…a little bit more than a thousand hospitals in the United States.

Chitra Mohla – Office of the National Coordinator

Thanks you. Bill Hersh?

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Yes, hi. My name is Bill Hersh. I'm Chair of the Department of Medical Informatics and Clinical Epidemiology at Oregon Health and Science University. I direct all of the graduate educational programs in biomedical and health informatics at OHSU and ours is one of the largest programs, including a large…audience. I also authored, about four years ago, the study that drove some of this workforce work that found an estimated need of 40,000 more health IT professionals to lead what we now call meaningful use; what back then was called advanced use. I'm also the recipient of two ONC grants, one is serving as the National Training and Dissemination Center for the Health IT curriculum grant, for the Health IT curriculum, that's used by the Community College Programs and I also direct one of the nine university-based training programs funded by ONC as well.

Chitra Mohla – Office of the National Coordinator

Thank you. Joseph Heyman?

Joe Heyman – Whittier IPA

Hi. I'm Joe Heyman. I'm a solo practicing gynecologist who's been using an EMR since 2001, so I'm an early adapter. I'm a founder of an independent practice association. I'm a former Chair of the Board of Trustees of the American Medical Association, a former President of the Massachusetts Medical Society. And just recently, which sort of pertains to this, I was appointed to an advisory board for the Health Informatics Program at Bryan University in Phoenix, which is a predominantly online program. And I'm happy to be here.

Chitra Mohla – Office of the National Coordinator

Thank you. Deborah King?

Sandy Vito – 1199 SEIU Training & Upgrading Fund – Director

Well actually, this is Sandy Vito filling in for Debbie. I'm the Director of the 1199 SEIU Training and Upgrading Fund. We're a jointly managed labor and employer education and training fund. We have 800 participating employers who contribute on behalf of about 250,000 workers in health care. It's hospitals, nursing homes, home care and health centers. With respect to HIT, we have two current programs that we're running that might be of interest. One is a program to help frontline healthcare workers make the transition to electronic medical records and another is a series of programs designed to support the transition and the IT needs that go along with it in the coding world, related to the transition to ICD-10.

Chitra Mohla – Office of the National Coordinator

Thank you. Norma Morganti?

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

Good afternoon everyone. I am the Executive Director for the Midwest Community College Health Information Technology Consortium that also is a grantee for the Community College Consortia Workforce Development under the ONC. And I represent Cuyahoga Community College as the lead awardee of the grant. We are covering ten states and seventeen participating member colleges and our goal is to train over 5,400 students in the grant period. I've also been involved with the Department of Labor, some of the competency models development, both on the healthcare side and the information technology side, as well as involved in some of the career cluster re-evaluation for health information technology. Thank you; very pleased to be here.

Chitra Mohla – Office of the National Coordinator

Thank you. Ed Salsberg? Gretchen Tegethoff?

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer/CHIME – Board of Trustees, Advocacy Leadership Team Chair

Hi, good afternoon. I am the Chief Information Officer at Athens Regional Health System in Athens, Georgia. I've been here for about six months, previously served as the CIO at George Washington University Hospital in DC. I'm also on the Board of Trustees for CHIME with a leadership role in Advocacy and during my time in DC, have participated on a couple of different workforce committees. I'm happy to be here.

Chitra Mohla – Office of the National Coordinator

Thank you. Stu Werner?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Good afternoon. I'm Stu Werner. I'm a health industry lead in the Office of Workforce Investment, US Department of Labor, Employment and Training Administration and with other colleagues on the call, I've had the opportunity to help validate a competency model for health industry workers adapting electronic health records and it's a pleasure to be part of the call.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think we've got a pretty rich group. Maybe Scott and I will introduce ourselves as well briefly. Scott, do you want to start?

Scott White – 1199 SEIU United Healthcare Workers East

Surely. Firstly, let me welcome everybody and that was an impressive roll call. So, I'm very excited to be part of this. My name is Scott White. I'm an organizer with 1199 United Healthcare Workers East, in New York. We represent about 300,000 healthcare workers, predominantly in New York and 4 other states as well. Part of our international… we are part of the SEIU international, I should say, which represents healthcare workers throughout the country. I'm also the healthcare labor representative sitting on the Policy Committee. So, welcome to all.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

And Larry Wolf. I work for Kindred Healthcare. We're a diversified, long-term post-acute care company. We're in, I don't know, 46 states, we have something like 70,000 employees, so workforce is huge piece of what we need to take care of when we're taking care of patients. So, with that as a quick hello, let's advance the slides and we'll do a very quick look at where we're trying to go, in terms of reviewing our charter. Next, slide please. So, maybe a tiny bit of context. So, the Policy Committee is advisory to ONC and CMS, and it has several workgroups that provide a focus for various activities, the chance for people to talk through issues and then make recommendations back to the Policy Committee, which are then passed on to the government. And the sub-workgroups, which we're one of, take that down one more level of detail and allow us to get relatively deep into a topic, and then surface recommendations back up that organizational structure. So we would talk to the Certification and Adoption Workgroup and then they'd pass on recommendations to the Policy Committee.

In general, the workgroups and the sub-workgroups in specific, that effort is pretty cleanly brought forward. So I expect while there will be some discussion with the larger workgroup on certification and adoption, that pretty much what we come up with is going to be what's passed on to the larger committee. So, the voices here will definitely be heard. In terms of what we're looking at, the only way to make Health IT adoption work is to have people using IT, right. And not just theoretically using it in academic classrooms, but actually using it in providing care. So, engaging the workforce and making sure we have a well-trained workforce are very critical for being successful long term with what we're doing. And we've all been through the last few years of trying to make all this work and know what a tidal wave of adoption we've been dealing with, and that it really isn't going to end. If you look at the level of adoption that's already been reported, in terms of meaningful use, we're still at the beginning of the tidal wave. So, a lot of work still to be done and a lot of people to still engage and make sure that they actually know how to use the technology well.

So, on to the specific charge. We're looking to actually make recommendations to the Health IT Policy Committee over the next year. So, we'll look a little bit more at the timeline. But, we have some time to actually think about what it is we want to recommend, and then to drill into that topic and come up with some specific recommendations and timelines for taking action. So, let's go on to the next slide. So, this is sort of the timeline that we're looking at. So spend the next three months sorting out what it is we want to take on, and then out of that, some initial recommendations. And then, some feedback from the Policy Committee on those recommendations and then moving those forward. Taking a look roughly a year from now, of where we got to. So, a pretty relaxed, as far as ONC goes, this is an amazingly relaxed timeline. And there's no specific regulatory deadline that we're working up against either, but that doesn't mean we should slack off, we really should stay focused and try and make progress as quickly as we can.

Scott White – 1199 SEIU United Healthcare Workers East

Larry, Scott, just to pipe in half a second. Just throw a question out to the group and it gets a little difficult if nobody has anything to say, but please feel free to pipe in. Is everybody on the committee and the subgroup okay with the proposed milestones and timeline to this, are we comfortable or is there something you'd like to add or subtract? I couldn't see that it would be too… you'd want to do it quicker, but any comments from the group?

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Well, okay, I'll make a comment, as I always do. This is Bill Hersh. Everything sounds great so far. I would just… just to maybe add a little bit to Larry's comment. As far as I'm concerned, adoption isn't really the endpoint, adoption is really the first step along the way to an information-driven healthcare system and to me, the interesting work actually starts after everyone is adopted and is using information to improve quality and safety and cost and so forth. So, I just want to add that perspective.

Scott White – 1199 SEIU United Healthcare Workers East

I think… yeah Bill, I think that's a great perspective. Just to give a little background. One of the things that a number of us on the committee have been talking about was making sure that we established a very strong base when it came to the implementation of IT and then, as you said, all down the line. We were fearful that if we didn't look at current workforce issues, that we'd build this monstrosity on top of sand, if you will. And, so a few of us got together and had a quick conversation, thanks to Chitra and Mat and MacKenzie and all, and put this together. So I think what we had envisioned was really working from the base up so that everything could sit on top of it in a very strong foundational idea.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'll second Scott's comments. I agree, my experience, having been in this world a very long time, is everyone focuses on getting everything up and running, but that really is just the beginning of the effort and the real rewards come from getting good at using it and understanding how to then leverage the information and leverage the technology. And, a lot of that is really on the job learning and organization specific learning and integrating with the culture of the organization. So, it will be great to have those conversations continue here. Anyone else want to add anything?

Scott White – 1199 SEIU United Healthcare Workers East

I guess we'll take silence as we can move on.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. Let's move on.

Chitra Mohla – Office of the National Coordinator

Next slide.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you. So, we're putting this forward as a framework. It comes out of the Department of Labor and what I like about this is it has lots of stuff on it that's reasonably well structured. And I think it will be a good framework as we go forward and talk about the various kinds of needs. But I'm also open for people pointing out how they've maybe used this in the past and the areas that they think we should either focus on or areas where this model might be weak that we should be paying attention from the beginning.

Joe Heyman – Whittier IPA

Larry, this is Joe. Are we going to get a copy of these slides?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, they should have been sent out to you Joe.

Joe Heyman – Whittier IPA

Oh, I got some documents this morning, but I didn't realize the slides were included. That's fine. Excellent.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

We apologize for the short timeline between when the slides went out and the meeting.

Joe Heyman – Whittier IPA

That's all right.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Larry, this is Stu Werner from the Department of Labor. As I mentioned, there are colleagues on the call who have helped to develop this resource and there are additional supporting materials available on the competency model clearinghouse that might help to describe ETAs competency initiative more fully. There are user case examples and a variety of tools that may be also… may be able to add to individuals understanding of the utility of this building blocks model.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Is that something that you think we could actually maybe include a short presentation on at the next call?

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Certainly, I'll work with our team over here and that sounds like a great idea. The other folks on the call certainly would be welcome. We did a webinar with Norma Morganti and the Cleveland Cuyahoga WIB, which is also pre-recorded and may be of interest to the group.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

That would be great. So, if you could get us those links, we'll send those out to the group and maybe think about a short version of that for our next call as well.

Stuart Werner – Health Care Industry Lead, Office of Workforce Investment – US Department of Labor, Employment & Training Administration

Very good.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

And this is Norma Morganti. I just would like to comment and thank you Stuart, because these are at least in our mind, the ability for us to effectively communicate what we've been learning under the Community College Consortia Grant for the last couple of years. And really as this entire infrastructure has been built, and we've had the ability to communicate not only with our stakeholders in our backyards, but also regional extension centers from across the country and really begin to synthesize. It's really compelling for us to be able to disseminate information quickly to those in the education arena, so that they can quickly begin to assemble, develop and fill-in those workforce gaps with education and training. So, the Department of Labor competency models are a great place to start. There's a lot of other information that we're all trying to work on consistently, but this is a great start.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Maybe I'll build on that. For those of you who have been working in this area for a long time, if there is some current work that you think would be useful for those of us who are relatively new to this, please feel free to send along one or two references. I'm really not looking for a list of twenty.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

I'll be happy to do that and recognize that we don't want to get too heavy-handed with the jargon. We don't envision this to be an end product, but rather a useful tool.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great, thank you Stu.

Scott White – 1199 SEIU United Healthcare Workers East

Thank you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, why don't we move into the next slide, which is a discussion of workforce. So, next… oh, I'm sorry, I'm missing a… I don't have my agenda in front of me, I should pay attention to what I said. So, Chitra was going to review some work that ONC has done on this. So why don't we flip to the ONC slides.

Chitra Mohla – Office of the National Coordinator

In the meantime, Mat, do you want to give a little update on…

Mat Kendall – Office of the National Coordinator

Sure. This is Mat Kendall and the Director of the ONC Office of Provider Adoption Support, or OPAS. But I like the way this conversation goes and maybe we should change it from OPAS to Director of Provider Optimization Support. See, that is exactly what we're talking about. You see, adoption is a very important part, but it is part of a spectrum and I think that recently ONC has done a consolidation and a number of the workforce programs have all come together, in my shop, to really focus on ways in which we can help providers not only get over that initial stage of implementing a system, but more importantly, how we can get them to use them fully; and especially as we look at healthcare efficiency, population health improvement, engaging consumers.

These are all the goals that we're aspiring to and I think the piece that we rarely recognize is that it is essential to have a well-trained health IT workforce. And I think, even though our initial focus of our programs have been focusing on smaller provider practices, we've been working with all providers, because ultimately our goal is we want everybody to utilize the tools in an optimal fashion. And what we're recognizing is that health IT workforce is something that there's a wide spectrum of skill, and we need to get everybody the training that they need, no matter where they are. And I think we are very fortunate to have a number of different programs that ONC had started, and I am very proud of the grantees that we have on this group and in other places, because they've done phenomenal work. I mean, and Chitra will be walking through some of the stats about this.

And I want to thank Chitra for all her hard work in leading this effort, because I think we've really begun a process, but there's clearly much more that we have to learn. We're really looking forward to working with this...to get the…the sub-workgroup to get the feedback from you guys about how we can continue to enhance our services and coordinate with our federal partners. It is a true pleasure working with all these federal agencies that are engaged in these efforts and our desire is to continue collaborating, thinking of ways of getting these resources here, so we can really help the workforce in general, get to where they want to go. So, I think that is sort of my intro and Chitra, I'll hand it over to you to walk through some of the specifics about what our program looks like.

Chitra Mohla – Office of the National Coordinator

Thank you Mat. The next slide please. So Larry and Scott asked me to just give a brief overview of what we've done so far, what we've done in workforce training. So, the HITECH Act did make provision for training and skills to help the IT workforce. They recognized the fact that there will be a shortage of a workforce needed to quickly ramp-up and start the process of implementation of EHRs. So the funding provided for four workforce programs. One was the University-Based Training, then there was the Community College Consortia and the Curriculum Development Centers and the Competency Examination Program; and I'll briefly go over the four programs. Next slide please.

So the Community College Consortia, we funded five consortia across the country which included 82 member colleges and I'm happy that Patricia Dombrowski from Bellevue College is on the call, and we've got Norma Morganti from Cuyahoga Community College and she covers the Midwest region. These 82 Community Colleges were tasked with quickly ramping up of training program. They had less than six months to hire faculty and get the programs up and running and, next slide. They were required to train approximately 150 students per college over the six month period…they had to ramp-up to train 150 students per year per college. And the training roles that they provided training were these six training roles, which is practice workflow redesign, clinician practitioner, implementation support specialist, technical software support specialist and trainer. And as you can see, these were all focused on the process of implementation, because as the RECs started ramping up, the whole focus was getting providers to adopt EHRs. So, many of these training roles were focused on the implementation stage.

Next slide. So the key competencies that the students are learning are conducting user requirement analysis, working with the staff to implement EHRs, ensuring backup plans and storing and maintaining EHR systems, supporting system security and standards and interacting with vendors and other sources of information. Next slide. And I'm happy to say that we have training 13,779 graduates to date, we currently have 5,712 students currently enrolled. These programs were actually designed for people who had either a healthcare background or an IT background, so they were six-month programs and the goal was to quickly ramp-up and have this workforce out there. And because they were people who already had some healthcare experience or IT experience, the average age of our students is 44, 75% of them have 6 years of healthcare experience and 73% have 6+ years of IT experience.

Next slide. The second program that we funded was the Curriculum Development Centers Program. We funded five universities; these were cooperative agreements. And the curriculum development started in April of 2010. They had a really tight timeline, they had to produce the curriculum by September of 2010 and they did a remarkable job in creating this curriculum for the community colleges. The five universities were Duke University, Columbia University, Johns Hopkins University, Oregon Health & Science University and the University of Alabama, Birmingham. And Bill Hersh led the whole program at Oregon Health & Science University and he also manages the National Dissemination Center, which actually…they are the ones who actually disseminate the curriculum that's being developed. So each of the awardees developed four curriculum components and each curriculum component addresses twenty content areas.

Next slide. The way the curriculum was designed was it's a pretty intense curriculum and it was designed with different components and the educators had the ability to pick and choose these components to actually create a curriculum. And as you can see, the curriculum was really fairly intense and was also being used by some of the universities. And I am sure Bill Hersh can provide more detail later on at some point. The curriculum also included a lab component where they used generic EHR systems to give students hands-on experience. This was a VistA system that the Veterans Administration is using. Next slide. The third workforce component was the University-Based Training and this was awarded to nine leading institutions. The goal was to train professionals at the post-baccalaureate level or at the Master's level. The universities were Texas State University, George Washington University, University of Minnesota, Columbia University, Johns Hopkins University, Oregon Health & Sciences University, University of Colorado at Denver, Duke University and Indiana University.

Next slide. The training is being provided in the following roles: Clinician or Public Health Leader, Health Information Management & Exchange Specialist, Health Information Privacy and Security Specialist, Research and Development Scientist, Programmers and Software Engineers and Health IT Sub-Specialist. Next slide. This program has currently trained 1,438 graduates, we have 646 currently enrolled and again, the student statistics, they are highly educated and mid-career professionals that are wanting to move into the Health IT field. And the training is at Master's level or post-graduate level. Next slide. The final program that we funded was a Competency Exam. This was a cooperative agreement awarded to Northern Virginia Community College and they actually partnered with AHIMA to develop a competency test-to-test students coming out of these programs, but also other professionals who might want their credentials to be certified. The first 27,500 examinees can take this exam free of charge.

Next slide. So what have we learned. We've learned that this is an evolving marketplace, which means that there is a lot of room for expanding these training programs, and also that training is going to be needed by all health care providers and all staff in the health care environment. In terms of using EHRs in rural areas, we've had some broadband issues. One of the major issues that we ran into was hands on experience with vendor products. Finding internships for our students has been a challenge, so, this is another area that we need to find ways to provide hands on experience. The next thing was soft skills; we found that many of our students, even though they've been in the work environment for several years, they've lacked some of the soft skills and needed some help in those areas. The other issue is developing a career pathway. So, the programs that we launched were actually programs that needed to be completed in six months, but looking ahead, we need to develop a career pathway so that there are stackable credentials and then also developing articulation agreements with universities and going forward, the availability of faculty is going to be an issue. Next slide. So that's a brief overview of the programs that we've funded and for more information, you can go to HealthIT.Gov. Larry.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay. So, thank you Chitra for the background, it sounds like we've had a lot of activity out there and that many of the folks involved in that work are actually on the workforce, so we'll get some real live feedback from what it's been like. So, before we move on to discussing the who of the workforce, any particular highlights from the folks who've been part of these programs that you want to point out to us? Well, I'll ask my question then. Chitra mentioned that there are competency exams that are part of this and that there's encouragement to take them, including making them free to the first round of folks. Have we had any experience yet with people taking those exams?

Mat Kendall – Office of the National Coordinator

This is Mat Kendall, I'll answer that. We have, and we've had several thousand students take those exams, but there's still an opportunity to go out there and to take these. We've worked very closely with the community colleges to promote it. I think educating people about what the system is, how it works, what the value is, I think is an area we still need to work with, and this is clearly… the intention of the competency exam was to really give away a saying that someone has a knowledge base in this field that would be useful to employers and other folks. But getting the feedback from those employers about how we can better position the program, learn about what those needs are and make sure that we're linking it back to both is something we're very interested in because we still… if people are interested, there are still spots available and we can certainly support them to take that test.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, and I think you're pointing out an important piece of getting feedback from…

Mat Kendall – Office of the National Coordinator

(Indiscernible)

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

…turned out to be a useful exam and a useful set of criteria.

Mat Kendall – Office of the National Coordinator

…feedback… and I think we want, again, as broad an experience as possible to do this and keep tweaking as much as we have to to get at that.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Great. So, why don't we move on to our big question. So, if we flip back to the other slide deck, the subgroup slides. So, we have a stalking horse, if you will, of some of the main roles in healthcare and we'll start with this as a framework and get some people's comments about are there some areas we're missing or some key roles we should pay particular attention to.

Joe Heyman – Whittier IPA

Could I just ask a question about the exam? Actually the slide is sort of related to my question, which is, it seems to me, in discussing all the different kinds of issues that are involved in health information technology, that there must be different kinds of expertise that's involved and yet you have one exam that you use for everybody.

Chitra Mohla – Office of the National Coordinator

So, I didn't mention that the competency exam was really designed for the six workforce roles that we were training our students in, so yes, there is a lot of potential for expanding this competency exam.

Mat Kendall – Office of the National Coordinator

Yeah, and I think we wanted to do this as a pilot first on these six to sort of get an experience and then think about broadening it. But absolutely, there are a lot of other areas that… and there are great examples of work being done. I think Patricia has done some stuff on right out of high school; there's a lot of other work out there that we'd love to pull together and showcase, because Health IT is a very broad field and we want to make sure we're helping all elements move forward.

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

This is Bill Hersh. If I could just add a couple of things. One is that another qualification that is gaining increased currency in the Health IT field is something like a Master's Degree or a post-baccalaureate certificate that indicates an advanced level of study. And something that may be of interest to people, like Joe Heyman and others, is that the American Board of Medical Specialties last year approved clinical informatics as an official medical sub-specialty that can be obtained by any physician who's primary boarded in any specialty; so, internal medicine, family medicine, surgery, pathology, etcetera. And like most medical specialties, there initially will be a grandfathering phase where people don't need to do formal training, but they'll have to pass the exam, and then eventually there will be fellowships and so forth. And one of the growing workforce groups is actually physician leaders who often go by the title CMIO, Chief Medical Informatics Officer, and I think you'll see a lot of uptake of that for recognition of those professionals, and other healthcare professional leaders like nurses and so forth.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess maybe as context, that existing exam that we're talking about was really targeted at the Community College Programs.

Mat Kendall – Office of the National Coordinator

Yes.

M

Right.

Mat Kendall – Office of the National Coordinator

And handle six components in the Community College Programs, recognizing there may be other ones that maybe we need to think about developing something for in the future.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, it may be a part of what we can bring to the discussion coming out of this is going to be the broad… how broad the scope is. And that we've got many tiers of workforce and many different kinds of skill sets that we're talking about and you need to bring them all together to make this all work, which is probably one of the hidden reasons we've had slow adoption over the years. It's not just about technology, it's about the people…

Mat Kendall – Office of the National Coordinator

…the people…

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

…looking to make it work well. So, any comments about the sketch of workforce that we've put out here? Are there some particular areas that we should be paying attention to, or additional roles that maybe ought to be in here?

Scott White – 1199 SEIU United Healthcare Workers East

Larry, it's Scott. Just so the group recognizes, while these are titles, in the different levels of…for the different levels of continuum of care, physicians in hospitals and physicians in doctor's offices, while all being under the physician category, have different roles, if you will, within IT and so each of these groups actually, in my mind, has subgroups based on the venue that they work in. So, for me this list kind of breaks out to three or four times what it really is.

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

This is Bill Hersh again. And I will take the opportunity to send forth some of the things that I've written over the years on this topic. But, I think it's important to distinguish between health IT professionals and health professionals. Actually health IT professionals many, a good proportion, have healthcare backgrounds and that's actually a nice kind of prerequisite going into health IT or informatics, as people at my level actually like to call it. But I think we need to distinguish between the professionals who are managing health IT systems and healthcare providers, who need to learn this, but really more as users than as the professional leaders of it. And I would advocate that this group focus on the professionals, because they're the ones who are really going to make the health IT adoption happen, and be used to transform our healthcare system.

Scott White – 1199 SEIU United Healthcare Workers East

Bill, this is Scott again. One of the things that we've discussed on a number of levels at the Policy Committee is what theoretically happens with… in healthcare settings and what actually happens. So, as example, who enters the information into a system, if you will. Although it may be under the physician's name and code and responsibility, it's really an allied professional who's doing that. So, I would add to your comment, and I look forward to your…in our heads talk about what really goes on as opposed to what should be going on.

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Sure, although, actually, I mean, this is one of the big challenges. Most physicians actually do enter information directly, that's one of the biggest complaints and impediments to health IT adoption is physicians who have to take a lot more time entering data, and I think the research needs to look at ways to streamline that process. But, there is a lot of interaction… I mean, maybe I'd like to walk back a little bit. I think it's important to talk about the kind of IT, health IT issues for healthcare professionals who are entering information and using it, in addition to the health IT professionals that are kind of providing leadership and managing and running the systems.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

But maybe this is a useful place for me to jump in where I hear at least three sets of workers that we probably need to be looking at, and we can scope how much of this we want to take on. There are the healthcare people who are the hands on delivery of care and the associated management structure around that, which all will be impacted by the presence and use of health IT. There are the professionals who are actually taking on the job of leading the projects, implementing and configuring the systems, sort of up to their eyeballs, if you will, in the intersection of health and IT. And there's also the technology base. We were having a side discussion here earlier about the need for reliability in systems and data centers, and sort of the heightened requirements of privacy and security involved with health IT. So, there's probably a technical end of this spectrum as well. And so, in addition to the setting issues that Scott was raising, I think we also have sort of these three really large areas of the workforce and that health IT, if you will, is an intersection and both ends of that, the health end and the IT end, are also important to making all of this work.

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

I would agree with that and would just point out that that middle group, the health IT professionals, includes people that have backgrounds in healthcare or IT, and they combine the two, that really creates that synergy of value.

M

Yes.

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

This is Patricia Dombrowski. We recently wrestled with this kind of question at our institution because we developed a baccalaureate degree in Health IT, and our… we took a little bit different tact, one that this group might want to debate, and that is the actual definition of healthcare. And I don't want to drag us into the weeds here, but, we were at the end of it, pretty clear that we needed to incorporate both medical device manufacturers for instance, and other manufacturers, for instance of health IT software, related software. The reason for that is because we wanted to concentrate on a definition that included those entities that actually created workforce need. And if that's our intent, maybe we'd want to think about that as well.

Norma Morganti – Cuyahoga Community College – Executive Director, Midwest Community College Health Information Technology Consortium

This is Norma Morganti. I like the groupings the way that we had done, and certainly Patricia, the addition of that perspective I think would be very healthy also. And Stuart, I don't want to call out the additional work that's being done on that second competency model that focuses on IT in the healthcare workplace, also that is in the build, if you will, but that's how I think Labor has been looking at those two different models for communicating the workforce needs and the competency.

M

Those were…

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

So, oh, I'm sorry. I was just going to ask that baccalaureate program that takes, I would assume, people who have neither technology experience nor health experience and make them into health IT professionals, where does that fit in those three groups? Is that the middle group as well?

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

When you say the middle group…

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Well, we had one group that was health professionals that were…the three groups that were participating in health…

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

We definitely…I'm sorry, go ahead.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

…yeah, health professionals on one end, technology professionals on the other and then there was a middle group which was described as people who were either technology professionals who became part of that middle group or health professionals who became part of that middle group. But when I hear you discussing a baccalaureate program, I would assume those are people who are fresh and coming into a middle group where they didn't start out as either technology or health professionals. Am I wrong?

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

You could certainly be entirely right. Our first class, which will enter in the fall, is aimed at those that are transferring from other institutions so they will have either concentrated in their first two years on technology or in an allied health professions field, but felt moved towards the IT in healthcare.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Right, so they're really being trained specifically for this.

Patricia Dombrowski – Bellevue College – Director of the Life Science Informatics Center

That's correct..

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Yeah, and Stuart, I mean, I think it's really important. The people that…I mean all the groups are important, but you know, the people that really are using the information to measure quality, to transform healthcare delivery, to do research, the learning healthcare system that Chuck Friedman talks about. Those are all the middle people. Maybe we should call that middle group informatics, I mean, that's really what we, what our educational program aspires to train people to do is informatics, is using the information. We certainly rely on the technology people to keep the system secure and the data with integrity, and we rely on the healthcare people to enter good, high quality data. It's the informatics people that work at that intersection there.

Michelle L. Dougherty, RHIA – AHIMA Foundation – Director of Research and Development

This is Michelle Dougherty. I would expand that middle section. I agree, informatics I think is one-step. There's a whole group or host of individuals that work on the governance structures and processes around the information, the disclosure. So, it's the technical infrastructure and architecture and maintaining those systems, but it's not just the informatics side. So, if we could expand that middle structure, I think that would be helpful.

Gretchen Tegethoff – Athens Regional Health System – Vice President and Chief Information Officer/CHIME – Board of Trustees, Advocacy Leadership Team Chair

This is Gretchen Tegethoff. I would agree with that. There is another group of people, in addition to those who I would say are more in informatics or the more advanced clinical information systems management; there's also a great need to have people who either start in healthcare and get trained in IT or get IT experience or the reverse also to do implementation and management of system work. It's always best to have someone with exposure to both of those areas when supporting the end-users of those systems.

Stuart Werner – U.S. Department of Labor, Employment & Training Administration – Health Care Industry Lead, Office of Workforce Investment

Great. And this is Stu Werner once again. It's been nice to hear these comments from the colleagues about the use of competency models and I just want to reinforce Norma Morganti's statement about the intersection of health and IT and some of the ongoing work that we're doing with subject and technical experts around creating additional models to address this kind of crossover between healthcare and IT. We also, as we present back to the group, can discuss models that we've developed on allied health and also long-term care supports and services, which would address some of those frontline, direct care workers as well. So, the Competency Initiative really is based on so many different perspectives that we've gleaned from Bill Hersh, from Chuck Friedman, the ONC and other colleagues out there. I certainly will defer to their technical and subject expertise, but the models will stand as a great tool for practitioners to use.

Scott White – 1199 SEIU United Healthcare Workers East

Hi guys, this is Scott. Just to give us a bit of a time check, because we have an exuberant group that is off to a tremendous start, we're getting close to our 2 o'clock cut, right Larry?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Yes, we are Scott, so thank you. Thank you for being a good partner on keeping on top of that.

Scott White – 1199 SEIU United Healthcare Workers East

My watch works well.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, let me transition us to end this conversation and identify a couple of next steps. So, I'm hearing two pieces of next steps, in terms of… that we can take on, that there is already work that's been done on these models, and it would be great to start to circulate some of that, so we can get educated ourselves. And to further look at that list of who's in the workforce and the extent to which maybe some of the folks in Labor could help us on this. You know, just nationally, how do you look at the workforce of healthcare and where are the big numbers of people and sort of where are the important workforce issues broadly, that maybe become context for what we're doing? So, I put that out as two pieces of work for us to take on, does that…do those seem like good next steps?

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

I would just advocate that we maybe try to reach a consensus on sort of the definitions and our view of things so that when we have conversations, we're starting from a standpoint of kind of agreeing on the basics, and that'll make discussions go easier.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I guess I was going to risk that we take a small effort to broaden scope and sort of stir things up a little bit, and then out of that, we can… everyone can voice their perspective and then we can hopefully settle on some things. So, I guess in the group dynamics, we're sort of still in the storming stage, and then we'll go into forming. So, if you can all put up with that for maybe another call or two, and then we'll get focused up. Does that sound okay?

W

Yes.

W

Yes.

M

I'm sorry?

Joe Heyman – Whittier IPA

Can you give us an idea of how often we're going to have the calls?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Okay, that's a great question…

M

Joe, you just beat me to the question that was very good.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, we were going to propose that we do an hour every two weeks for a while, to get this off and rolling, and then we'll see if that's too frequent and if we can actually…if consensus starts to emerge and we have some focus and a couple of leaders are taking on some subtasks, maybe we can cut back on the frequency of the calls. So, thoughts about that, and possibly even this time. So, Tuesday's at one for the next few weeks… alternating weeks.

Joe Heyman – Whittier IPA

Does silence mean agreement?

MacKenzie Robertson – Office of the National Coordinator

Or everyone checking their calendars?

W

I think every two weeks sounds right, and I'm okay at this time on Tuesdays.

MacKenzie Robertson – Office of the National Coordinator

And this is MacKenzie, so just based on… the next meeting would be, if we're using this schedule, August 14th, and then pick up on September 4th and use that September 4th one as the every other starting point.

Scott White – 1199 SEIU United Healthcare Workers East

And MacKenzie, I assume that you'll send out meeting holders for everybody as well, right?

MacKenzie Robertson – Office of the National Coordinator

Yeah, we'll send out appointments for everyone. So, it sounds like everyone seems to be okay with that, so the next meeting tentatively will be… let me just check the calendar to make sure the 14th…

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Can I advocate that the meeting be on the 21st, if that would work for other people? I have a potential conflict on the 14th.

MacKenzie Robertson – Office of the National Coordinator

21st…

W

I would have a conflict on the 21st sorry.

MacKenzie Robertson – Office of the National Coordinator

So, August 14. And we have to schedule these calls around the other already scheduled advisory committee calls that are on the calendar. So, on August 14th, it looks like 2 o'clock on is available and then on the 21st…

Joe Heyman – Whittier IPA

So, you're planning on calls that start at 2, because this call started at 1.

MacKenzie Robertson – Office of the National Coordinator

Oh, yeah, sorry. My confusion. No, we were thinking of starting at 1, but on the 14th, we already have a call scheduled from 12 to 1:30, so we'd have to start after that. So, we'd have to start at 2 if we did the 14th or we could do the morning of.

Bill Hersh – Oregon Health and Science University – Chairman, Department of Medical Informatics and Clinical Epidemiology

Actually, this is Bill again, if the call on the 14th were at 2 o'clock Eastern, that would actually make it work for me.

Joe Heyman – Whittier IPA

It would mean I would have to move a few patients, but I can do that if it's two weeks away.

MacKenzie Robertson – Office of the National Coordinator

Does the 14th at 2 sound okay to the group?

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

I think we're getting consensus there.

W

We were.

MacKenzie Robertson – Office of the National Coordinator

Okay. So, if you could all just put holds on your calendar, a formal invitation will come out in the next day for August 14 from 2 to 3 o'clock. And then we'll send out…

Joe Heyman – Whittier IPA

And that's a definite, right?

MacKenzie Robertson – Office of the National Coordinator

Accord… yup, the FACA calendar is open, so, we can go ahead and schedule that in as a definite.

Joe Heyman – Whittier IPA

All right, I just don't want to change some patients and then have to change them back.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Thank you, Joe. We'll try and get this out for more than two weeks in advance for others who are also juggling calendars and other's lives.

MacKenzie Robertson – Office of the National Coordinator

And then if we stay with that same time, if we start on September 4, does 2 o'clock…

Joe Heyman – Whittier IPA

Well actually, 1 o'clock works a lot better for me.

MacKenzie Robertson – Office of the National Coordinator

Okay.

Joe Heyman – Whittier IPA

So, if you were originally doing 1 o'clock and you were only doing this one day at 2 o'clock that would be better for me. But, you know, if it's far enough in advance, I can change the others too, it's just I usually have from 1 to 2 free.

M

MacKenzie, I know we've used the doodle.com thing in the past to set up times, maybe we could use… I could suggest that.

MacKenzie Robertson – Office of the National Coordinator

So, the folks at Altarum, since we can't seem to find agreement on just an easy time just to set them out for every other week, I'll have Altarum send out a… it's basically the exact same thing as a doodle poll and if people could just respond with their availability, we can try and set up some calls. It doesn't look like it will be as easy as just every two weeks on the same day and time, even just looking at the calendar. So, I'll go ahead and we'll confirm the August 14 at 2 and then, they'll be a poll coming out for the future schedules.

Scott White – 1199 SEIU United Healthcare Workers East

And if I can ask the group, once you get those polls, to respond as promptly as possible, this way we can get it on everybody's calendar as early as possible; that would be very helpful.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

So, I'd like to thank everybody for the great discussion today and maybe we can open the lines for public comment as well.

MacKenzie Robertson – Office of the National Coordinator

Sure. Operator, can you please open the lines for public comment.

Public Comment

Caitlin Collins – Altarum Institute

Yes. If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We do not have any comment at this time.

MacKenzie Robertson – Office of the National Coordinator

Thank you.

Larry Wolf – Kindred Healthcare – Senior Consulting Architect

Well, thanks again. It looks like we've got our next meeting in two weeks and poll to get us on track for the ones after that.

Mat Kendall – Office of the National Coordinator

Thank you everybody for your time, greatly appreciate it.

Joe Heyman – Whittier IPA

Bye, bye everybody.

MacKenzie Robertson – Office of the National Coordinator

Thanks everybody.

W

Thank you, bye, bye.

W

Bye bye.